

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE**. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

7-19-93
Pay issue fee 6-19-93

MACHARRI R. VORNDRAN-JONES
ELI LILLY & CO. PATENT DIV/MVJ
LILLY CORPORATE CENTER
INDIANAPOLIS, IN 46285

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP/ART UNIT	DATE MAILED
07/916,783	07/17/92	040	COVINGTON, R.	04/19/93
First Named Applicant: CANTRELL, BUDDY E.				

TITLE OF INVENTION: PERIPHERALLY SELECTIVE PIPERIDINE CARBOXYLATE OPIOID ANTAGONISTS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 X-8244A	514-315.000	M35	UTILITY	NO	\$1170.00	07/19/93

3. Correspondence address change (Complete only if there is a change)

Eli Lilly and Company
Attention: Patent Division
Lilly Corporate Center
Indianapolis, Indiana 46285

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 MaCharri R. Vorndran-Jones

2 Leroy Whitaker

3

DO NOT USE THIS SPACE

DS20236 07/19/93 07916783	05-0830 -020 142	1,170.00CH
DS20237 07/19/93 07916783	05-0830 -020 561	45.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:
Eli Lilly and Company
(2) ADDRESS: (CITY & STATE OR COUNTY)
Indianapolis, Indiana 46285
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION
Indiana

A. ☐ This application is NOT assigned.

☐ Assignment is being previously submitted to the Patent and Trademark Office:
☒ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO, or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advanced Order - # of Copies

6b. The following fees should be changed to:

(Minimum of 10)

DEPOSIT ACCOUNT NUMBER: 05-0830

(ENCLOSED PART C)

☒ Issue Fee ☒ Advanced Order - # of Copies

15
(Minimum of 10)

☐ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

MaCharri R. Vorndran-Jones 7/1/93
NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

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1. CORRESPONDENCE ADDRESS <i>Pay issue fee 6-19-93</i> MACHARRI R. VORNDRAN-JONES ELI LILLY & CO. PAT. DIV. LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
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Eli Lilly and Company Attention: Patent Division Lilly Corporate Center Indianapolis, Indiana 46285	1 MaCharri R. Vorndran-Jones 2 Leroy Whitaker 3

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE Eli Lilly and Company	6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies (Minimum of 10)
(2) ADDRESS (CITY & STATE OR COUNTY) Indianapolis, Indiana 46285	6b. The following fees should be changed to: DEPOSIT ACCOUNT NUMBER 05-0830 (ENCLOSED PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 15 <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Indiana	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
A <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office. <input checked="" type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO, or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	(Signature of party in interest of record) <i>MaCharri R. Vorndran-J</i> (Date) 7/1/93 NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on July 9, 1993

(Date)

(Signature)

Cheryl J. Eyed

Cheryl J. Eyed
(Typed or Printed Name)

July 9, 1993
(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

This form is estimated to take 20 minutes to Complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.